## UTILITY PATENT APPLICATION

Attorney Docket No. 251957US0 First Inventor or Application Identifier Hiroyuki MANO TRANSMITTAL
(Officer new nonprovisional applications under 37 CFR 1.53(b))

Title METHOD FOR IDENTIFYING MYELODYSPLASTIC SYNDROME-SPECIFIC GENES

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See	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313						
	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS						
2.	Specification Total Sheets 41	7. ☐ Assignment Papers (cover sheet & document(s))  8. ☐ Application Data Sheet. See 37 CFR 1.76  — 37 CFR 63 73(b) Statement — Power of						
3.	Drawing(s) (35 U.S.C. 113) Total Sheets 4	9.						
4. 🗆	Oath or Declaration Total Pages	11. ☐ Statement (IDS)/PTO-1449 ☐ Citations 12. ☐ Preliminary Amendment						
a.	☐ Newly executed (original or copy)	13. White Advance Serial No. Postcard						
b.	□ Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14.   Certified Copy of Priority Document(s)  (if foreign priority is claimed)						
	<ul> <li>i. DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ul>	15.  Applicant claims small entity status.  See 37 CFR 1.27						
	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. ☐ Other:						
	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
a.	Computer Readable Form (CRF)							
b.	Specification or Sequence Listing on :	·						
	i. ☐ CD-ROM or CD-R (2 copies); or							
	ii. Paper (3 pgs.)							
C.	☐ Statements verifying identity of above copies							
17. If a (	CONTINUING APPLICATION, check appropriate box, and suppl	ly the requisite information below:						
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:								
Prior application information: Examiner: Group Art Unit:								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. CORRESPONDENCE ADDRESS								
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Registration Number 21,124

Docket No.

251957US0

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Hiroyuki MANO

SERIAL NO:

New Application

☐ Please charge Deposit Account No. <u>15-0030</u> in the amount of

FILING DATE: Herewith

FOR:

METHOD FOR IDENTIFYING MYELODYSPLASTIC SYNDROME-SPECIFIC GENES

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED			!	NUMBER EXTRA		RATE		CALCULATIONS
TOTAL CLAIMS	22	- :	20	=	2	х	\$18	= .	\$36.00
INDEPENDENT CLAIMS	1	-	3	=	0	х	\$86	=	\$0.00
MULTIPLE DEPENDENT CLAIMS (If applicable)						+	\$290	=	\$290.00
■ LATE FILING OF DECLARATION						+	\$130	=	\$130.00
BASIC								EE	\$770.00
TOTAL OF ABOVE CALCULATIONS								\$1,226.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY									\$0.00
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							TOTA	<b>AL</b>	\$1,226.00

☐ A check in the amount of to cove	r the filing fee is enclosed.					
Credit card payment form is attached to	cover the filing fee in the amount of \$1,226.00					
The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposi Account No. <u>15-0030</u> . A duplicate copy of this sheet is enclosed.						
	Respectfully Submitted,					
	OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C. Norman F. Oblon					
Date: 4/15/04	J. J. M. Walland					
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A duplicate copy of this sheet is enclosed.

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